

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/807,277

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5		1		1		1
6		5		1		1
7		5		1		1
8		5		1		1
9		5		1		1
10		5		1		1
11		5		1		1
12	1		1		1	
13		1		1		1
14		1		1		1
15		1		1		1
16		4		1		1
17		4		1		1
18		4		1		1
19		4		1		1
20		4		1		1
21	1			1		1
22		1	1			1
23		2		1		1
24		2		1		1
25		2		1		1
26		2		1		1
27		2		1		1
28		2		1		1
29		2		1		1
30	1		1		1	
31		1		1		1
32		2		1		1
33		2		1		1
34		2		1		1
35		2		1		1
36		2		1		1
37	1		1			1
38		2		1		1
39		2		1		1
40		2		1		1
41		2		1		1
42		2		1		1
43		2		1		1
44		1		1		1
45		1		1		1
46		1		1		1
47		1		1		1
48		1		1		1
49		1		1		1
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS